

State of Tennessee
 Department of Environment and Conservation
 Division of Air Pollution Control
 William R. Snodgrass Tennessee Tower
 312 Rosa L. Parks Avenue, 15th Floor
 Nashville, TN 37243
 Telephone: (615) 532-0554



*received by e mail
 on April 14, 2015*

APC 100

NON-TITLE V PERMIT APPLICATION FACILITY IDENTIFICATION

Please type or print and submit in duplicate for each emission source. Attach appropriate source description forms.				
SITE INFORMATION				
1. Organization's legal name Speedway LLC			For APC use only	APC Company point no. 54-0248-01
2. Site name (if different from legal name) Speedway #7147				APC Log/Permit no. 070118 G
3. Site address (St./Rd./Hwy.) 2920 Decatur Pike			County name McMinn	
City or distance to nearest town Athens		Zip code 37303	4. NAICS or SIC code	
5. Site location (in lat./long.)	Latitude 35.469		Longitude -84.653	
CONTACT INFORMATION (RESPONSIBLE PERSON)				
6. Responsible person/Authorized contact Toby Rickabaugh			Phone number with area code 937-863-7034	
Mailing address (St./Rd./Hwy.) 500 Speedway Drive			Fax number with area code	
City Enon	State OH	Zip code 45323	Email address tarickabaugh@speedway.com	
CONTACT INFORMATION (TECHNICAL)				
7. Principal technical contact Ron Ferrell			Phone number with area code 615-321-5229	
Mailing address (St./Rd./Hwy.) 405 40th Avenue North			Fax number with area code	
City Nashville	State TN	Zip code 37209	Email address	
CONTACT INFORMATION (BILLING)				
8. Billing contact Jon Freeman			Phone number with area code 937-863-6177	
Mailing address (St./Rd./Hwy.) 500 Speedway Drive			Fax number with area code	
City Enon	State OH	Zip code 45323	Email address jkfreeman@speedway.com	
EMISSION SOURCE INFORMATION				
9. Emission source no. (number which uniquely identifies this source) 7126				
10. Brief description of emission source 6 Gasoline Storage Tanks				
11. Normal operation:	Hours/Day 24	Days/Week 7	Weeks/Year 52	Days/Year 365
12. Percent annual throughput	Dec - Feb 800,000	March - May 800,000	June - August 800,000	Sept - Nov 800,000

(Over)


TYPE OF PERMIT REQUESTED				
13. Operating permit (X)	Date construction started 01/29/2014	Date completed 06/26/2014	Last permit no 969438G	Emission source reference number 7147
Construction permit ()	Last permit no		Emission source reference number	
If you choose Construction permit, then choose either New Construction, Modification, or Location transfer				
	New Construction ()	Starting date	Completion date	
	Modification ()	Date modification started or will start	Date completed or will complete	
	Location transfer ()	Transfer date	Address of last location	
14. Describe changes that have been made to this equipment or operation since the last construction or operating permit application:				
SIGNATURE				
Based upon information and belief formed after a reasonable inquiry, I, as the responsible person of the above mentioned facility, certify that the information contained in this application and any attached application(s) is accurate and true to the best of my knowledge. As specified in TCA Section 39-16-702(a)(4) this declaration is made under penalty of perjury.				
15. Signature (application must be signed before it will be processed)			Date	
 Signer's name (type or print) Toby Rickabaugh			4/14/15 Date Phone number with area code 937-863-7034	
Title Env. Compliance Manager				

Table of Pollution Reduction Device or Method Codes

Note: For cyclones, settling chambers, wet scrubbers, and electrostatic precipitators; the efficiency ranges correspond to the following percentages:

High: 95-99+% Medium: 80-95% And Low: Less than 80%

If the system has several pieces of connected control equipment, indicate the sequence. For example: 008*010.97%

If none of the below codes fit, use 999 as a code for other and specify in the comments.

No Equipment	000	Limestone Injection - Dry	041
Activated Carbon Adsorption	048	Limestone Injection - Wet	042
Afterburner - Direct Flame	021	Liquid Filtration System	049
Afterburner - Direct Flame with Heat Exchanger	022	Mist Eliminator - High Velocity	014
Afterburner - Catalytic	019	Mist Eliminator - Low Velocity	015
Afterburner - Catalytic with Heat Exchanger	020	Process Change	046
Alkalized Alumina	040	Process Enclosed	054
Catalytic Oxidation - Flue Gas Desulfurization	039	Process Gas Recovery	060
Cyclone - High Efficiency	007	Settling Chamber - High Efficiency	004
Cyclone - Medium Efficiency	008	Settling Chamber - Medium Efficiency	005
Cyclone - Low Efficiency	009	Settling Chamber - Low Efficiency	006
Dust Suppression by Chemical Stabilizers or Wetting Agents	062	Spray Tower (Gaseous Control Only)	052
Electrostatic Precipitator - High Efficiency	010	Sulfuric Acid Plant - Contact Process	043
Electrostatic Precipitator - Medium Efficiency	011	Sulfuric Acid Plant - Double Contact Process	044
Electrostatic Precipitator - Low Efficiency	012	Sulfur Plant	045
Fabric Filter - High Temperature	016	Vapor Recovery System (Including Condensers, Hooding and Other Enclosures)	047
Fabric Filter - Medium Temperature	017	Venturi Scrubber (Gaseous Control Only)	053
Fabric Filter - Low Temperature	018	Wet Scrubber - High Efficiency	001
Fabric Filter - Metal Screens (Cotton Gins)	059	Wet Scrubber - Medium Efficiency	002
Flaring	023	Wet Scrubber - Low Efficiency	003
Gas Adsorption Column - Packed	050	Wet Suppression by Water Sprays	061
Gas Adsorption Column - Tray Type	051		
Gas Scrubber (General - Not Classified)	013		

Table of Emission Estimation Method Codes

Not application / Emissions are known to be zero	0
Emissions based on source testing	1
Emissions based on material balance using engineering expertise and knowledge of process	2
Emissions calculated using emission factors from EPA publications No. AP-42 Compilation of Air Pollution Emissions Factors	3
Judgment	4
Emissions calculated using a special emission factor different from that in AP-42	5
Other (Specify in comments)	6

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APC 114

NON-TITLE V PERMIT APPLICATION GASOLINE DISPENSING FACILITY DESCRIPTION

Please type or print and submit in duplicate. Attach to the Non-Title V Facility Identification Form (APC 100). Please complete one form for each facility if multiple owned.										
GENERAL IDENTIFICATION AND DESCRIPTION										
1. Organization name Speedway LLC					For APC use only	APC Company - Point no. 54-0248-01				
2. Emission source no. (As on Non-Title V Facility Identification Form)						APC Log/Permit no. 0701186				
INDEPENDENT SMALL BUSINESS MARKETER OF GASOLINE (I.S.B.M.)										
3. Claiming Independent Small Business Marketer (I.S.B.M.) of Gasoline as stated in rule 1200-03-18-.24(2)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
If yes, submit Notarized Certification stating that business satisfies the I.S.B.M. definition criteria found in 1200-03-18-.24(2) and provide the following information:										
Owner's annual income from refining or marketing of gasoline:										
Owner's total annual income:										
GASOLINE TANK AND DISPENSER INFORMATION										
4. List gas type, capacity, and type of tank (Aboveground or Underground. Circle one), and installation date for each tank at facility. Attach additional sheet if more than 10 tanks to list.										
Tank #	Gas type	Capacity (Gal.)	Tank Type	Installation date	Tank #	Gas type	Capacity (Gal.)	Tank type	Installation date	
1.	RUL	20,000	AG / <input checked="" type="checkbox"/> UG	03/03/2014	6.	DSL	20,000	AG / <input checked="" type="checkbox"/> UG	03/03/2014	
2.	PUL	8,000	AG / <input checked="" type="checkbox"/> UG	03/03/2014	7.	DEF	10,000	AG / <input checked="" type="checkbox"/> UG	03/03/2014	
3.	E85	4,000	AG / <input checked="" type="checkbox"/> UG	03/03/2014	8.			AG / <input type="checkbox"/> UG		
4.	DSL	12,000	AG / <input checked="" type="checkbox"/> UG	03/03/2014	9.			AG / <input type="checkbox"/> UG		
5.	DSL	20,000	AG / <input type="checkbox"/> UG	03/03/2014	10.			AG / <input type="checkbox"/> UG		
5. Total number of gasoline nozzles:					Make: _____ Model: _____					
6. Gasoline dispense make:					Model: _____					
STAGE I AND II SYSTEM DESCRIPTIONS										
7. Stage I system CARB executive order:					VR-102H Installation date: 12/19/2013					
8. Stage II system CARB executive order:					N/A Installation date: _____					
Check general type of Stage II system:					Balance <input type="checkbox"/> Vacuum vapor assist <input type="checkbox"/>					
9. Minimum slope of Stage II vapor return lines from dispensers to tank (inches per foot):										
10. Type of pressure/vacuum vent valve (if installed) make:					Model: _____					
THROUGHPUT AND SUPPLIER										
11. Maximum monthly throughput (Gal.):					300,000 Average yearly throughput (Gal.): 3,600,000					
12. Supplier of gasoline (company name)					Supplier of gasoline (contact name)					
Marathon Petroleum					Marci Rouser					
Mailing address (St./Rd./Hwy.)					Mailing address (St./Rd./Hwy.)					
539 South Main Street					539 South Main Street					
City		State		Zip code		City		State		
Findlay		OH		45840		Findlay		OH		
Phone number					Phone number					
419-421-2121					419-421-2121					